

**MULTIPLE DEPEND. CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/517243**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1								51					
2									52					
3		1							53					
4		2							54					
5		①							55					
6		②							56					
7		③							57					
8		④							58					
9		⑤							59					
10									60					
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39									89					
40									90					
41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.	1	↓	7	↓		↓			TOTAL IND.		↓		↓	
TOTAL DEP.	9	←	8	←		←			TOTAL DEP.		←		←	
TOTAL CLAIMS	10		9						TOTAL CLAIMS					